

## FOR INSTRUCTIONS, SEE BACK OF FORM

## CHECK ONE:

- ☐ This is an **initial**\* Statement of Organization
- ☒ This is an **amended**\* Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM  
DR-1  
(Rev. 07/00)

STATEMENT  
OF  
ORGANIZATION

## For Office Use Only

Comm. # 9714-25064  
Indexed RB  
Audited RB  
Computer WRS

## COMMITTEE NAME (Required by law)

Public Safety Initiative

Pottawattamie

## IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence

COMMITTEE CHAIR (List additional officers on separate page)

Name Christopher L. Sorensen  
Mailing Address Council Bluffs, IA 51503  
City, State Zip Code  
58 Collier Drive  
Phone (712) 325-4991  
e-Mail cmsorensen1@cox.net

Name Steven F. Gorman  
Mailing Address 19865 ELMA LANE  
City, State Zip Code Council Bluffs, IA 51503  
Phone (712) 323-1536  
e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)  
Comment or description:

## All Candidates Enter:

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

## Bank Account Name

Public Safety Initiative  
Name of Financial Institution/type of Account  
Peoples National Bank  
Mailing Address  
201 Bennett Ave, PO Box 557  
City, State Zip  
Council Bluffs IA 51503

## Candidate name &amp; Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address  
City State Zip  
Phone ( )  
e-Mail

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☒

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) Muscular Dystrophy Association

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Chris Sorensen  
Signature of Treasurer

Steven F. Gorman  
Signature of Candidate, OR, PAC, Central Committee or Local Ballot Issue, Chairperson

9-27-04  
Date Signed

9-27-04  
Date Signed